

UNDERGROUND STORAGE PROGRAM

2600 Bull Street

Columbia, SC 29201

Phone (803) 896-6241 Fax (803) 896-6245

INSTRUCTIONS – CORRECTIVE ACTION INVOICE FORM

PURPOSE – THIS FORM PROVIDES A STANDARD FORMAT FOR SUBMITTING A REQUEST FOR PAYMENT OF CORRECTIVE ACTION ACTIVITIES.

INSTRUCTIONS:

UST Permit # - 5 digit # assigned to the project. Can be found on approval letter.

County – County where facility is located.

Facility Name – Name of UST facility where work is performed.

Street Address – Address of UST facility.

Invoice # - This number is assigned by the contractor or person requested payment. It would be their internal invoice # for tracking purposes.

Cost Agreement # - Number assigned by the UST Program to track the invoices for a specific project. Can be found on the approval letter.

For Work performed during – Inclusive dates for which work was performed for the invoice.

Approved Price for the CA – Total approved price for the Corrective Action. Can be found on the approval letter.

Based on a report submitted – Report that was submitted to verify work was performed.

Request payment for the following: - Payment is based on the amount of cleanup completed. Check appropriate box for payment requested. Refer to original bid packages for payment calculation.

Compensation information – Please check the appropriate section (Owner/Operator or State Lead) and check box for whom payment is to be made (Contractor or Owner/Operator)

The last part of the form is the address information for the Contractor and the Owner Operator. Please fill out both section unless you are using the State Lead option. In case of State Lead only fill out the contractor information.

CA INVOICE



SOUTH CAROLINA
Department of Health and Environmental Control (DHEC)
Underground Storage Tank Management Program
CORRECTIVE ACTION (CA) INVOICE

PERMIT ID# _____ **COUNTY** _____

FACILITY NAME _____

STREET ADDRESS _____

INVOICE # _____ **COST AGREEMENT #** _____

For work performed during (specify time period) _____ to _____

Contract Award Price for CA \$ _____

Based on a Report Submitted _____ (date)

Request Payment for the following Pay for Performance Item(s) as checked:

☐ **Corrective Action Method or Technology Implemented and/or Operational**
 (40 % of Contract Award Price or \$ _____)

Reduction in Chemicals of Concern (COC)

☐ **25% Reduction in COC or Removal of Free Product**
 (10 % of Contract Award Price or \$ _____)

☐ **50% Reduction in COC**
 (10 % of Contract Award Price or \$ _____)

☐ **75% Reduction in COC**
 (15 % of Contract Award Price or \$ _____)

☐ **100% Reduction in COC (meets Standard) AND CA System Removed**
 (25 % of Contract Award Price or \$ _____)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and any attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC demand letter, to promptly repay the appropriate account for any overpayment received

COMPENSATION INFORMATION :

Please check appropriate Funding Option

☐ **Owner /Operator Lead**

☐ **State Lead**

Payment is to be made to (check one) :

☐ **Contractor**

☐ **UST O/O**

Company Name _____ **Address** _____ **Telephone Number** _____

Name (Type or Print) _____ **Federal Tax ID or Social Security Number** _____

Signature (please use non-black ink) _____ **Title** _____ **Date Signed** _____

Do not complete if State Lead Option was chosen:

UST Owner or Operator

Signature (please use non-black ink) _____ **Title (President, Owner)** _____ **Date Signed** _____

Name (Type or Print) _____ **Telephone Number** _____

Address _____

CA INVOICE